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APPLICANTS

Torsten Niederdrank, Erlangen, GERMANY;

** CONTINUING DATA *****
none

** FOREIGN APPLICATIONS *****
 GERMANY 102 28 828.3 06/27/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials			

ADDRESS
 000026574
 SCHIFF HARDIN, LLP
 PATENT DEPARTMENT
 6600 SEARS TOWER
 CHICAGO, IL
 60606-6473

TITLE
 Modular hearing aid device

FILING FEE RECEIVED 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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